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14. ABSTRACT Company grade officers serve as the first line of defense when it comes to preparing and mentoring Marines for the traumatic and morally demanding trials of combat. The Marine Corps is responsible for providing these officers with the tools and initial education that enables them to target those areas that prove detrimental to the mental and physical stability of their Marines. Schools like The Basic School (TBS), which touch 100% of the officers in the Marine Corps, must serve as the foundation for this training and education. At TBS officers should learn the the significance of a strong combat and operational stress control program, a sound command environment, and the need for educating Marines on the realities of combat prior to deployment. Once this foundation is set at TBS, it should be vigorously reinforced in all levels of both resident and non-resident officer and enlisted PME. Leadership should never be treated as anything other than the conduit through which good order and discipline, a certain level of morality, and strong military ethos are cast.				
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*United States Marine Corps
Command and Staff College
Marine Corps University
2076 South Street
Marine Corps Combat Development Command
Quantico, Virginia 22134-5068*

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MAJOR JENNIFER LEE GRIEVES

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Mentor and Oral Defense Committee Member: Dr. Paul D. Gelpi Jr.

Approved: 

Date: 2 APRIL 2010

Oral Defense Committee Member: DR. ERIC SHIBUYA

Approved: 

Date: 2 APRIL 2010

EXECUTIVE SUMMARY

Title: Combat and Operational Stress: Curtailing the effects through leadership and education.

Author: Major Jennifer L. Grieves, United States Marine Corps

Thesis: In order to mitigate responsibly the effects of combat and operational stress, officers must possess a wider vision and understanding when it comes to guiding Marines through experiences that oftentimes run counter to their moral fabric. Leaders, furthermore, must instinctively understand the consequences of an irresponsible or reckless command environment.

Discussion: Throughout history, although the terms have changed, the effects of combat and operational stress remain the same. Every Marine who deploys to war is impacted by war and returns home differently. As Marine Officers, the objective is to prepare Marines for the traumatic nature of war so that these post-war differences do not translate into disorders. At all levels of Officer Professional Military Education (PME) officers must know that "America's returning veterans... are in the midst of the largest mental health crisis since the Vietnam War" and be thoroughly educated on how to mitigate this trend. It is crucial, arguably, that this foundation be aggressively and thoroughly structured at The Basic School where, unlike other resident schools, the curriculum reaches 100% of the officers in the Marine Corps. Combat is inherently infested with trauma and stress; however, there is much more to becoming psychologically prepared for combat than to possess simply the ability to operate efficiently under stressful and traumatic conditions.

The U.S. Marine Corps has invested a tremendous amount of time and resources in the development of programs designed to curtail the long-term effects of combat and operational stress in its Marines. Although these programs are well organized and readily available, they fail to reach proactively the Marines in need and tend to serve as research tools after a trauma is experienced. Far too often, Marine Corps leaders are deployed to combat environments without adequate knowledge of these resources and deprived of proper in-depth training in combat and operational stress. Company grade officers serve as the first line of defense when it comes to preparing and mentoring Marines for the traumatic and morally demanding trials of combat.

Conclusion: All officers must possess the tools to form sound command environments that are both accepting of and non-retributinal for those Marines who feel overwhelmed. In addition, these command environments should be based on historical lessons, proven psychological patterns, peer-to-peer mentorship, and the devastating consequences of inaction or incompetence so that Marines will no longer be left to their own devices to process and cope with combat and operational stress. The psychological well being of every Marine must be placed in the highest of priorities. Charging officers to educate Marines on the hazardous stressors of combat, prior to becoming immersed in this consuming environment, is a crucial step in achieving this goal.

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INTRODUCTION

Let us set for ourselves a standard so high that it will be a glory to live up to it, and then let us live up to it and add a new laurel to the crown of America.

— President Woodrow Wilson

Throughout history, the effects of combat and operational stress remain the same, although the terms have changed. Every Marine who deploys to war is impacted by combat and returns home differently. As Marine Officers, the objective is to prepare Marines for the traumatic nature of war so that these post-war differences do not translate into disorders. At all levels of Officer Professional Military Education (PME) officers must know that “America’s returning veterans... are in the midst of the largest mental health crisis since the Vietnam War”¹ and be thoroughly educated on how to mitigate this trend. It is crucial, arguably, that this foundation be aggressively and thoroughly structured at The Basic School where, unlike other resident schools, the curriculum reaches 100% of the officers in the Marine Corps. Inherently, combat is infested with trauma and stress; however, there is far more to becoming psychologically prepared for combat than to possess the ability to operate efficiently under stressful and traumatic conditions. In order to mitigate responsibly the effects of combat and operational stress, officers must possess a wider vision and understanding when it comes to guiding Marines through experiences that oftentimes run counter to their moral fabric. Leaders, furthermore, must instinctively understand the consequences of an irresponsible or reckless command environment.

Background

Although it is not a physical trauma, such as being shot or exposed to an improvised explosive device, combat and operational stress (COS) make up a significant portion of

the total casualties in conflict. It is imperative for Marine Corps Officers to recognize the circumstances that increase the risk for stress related injuries as well as possess the ability to delineate between healthy stress and potentially harmful stress. Combat stress is defined by the Marine Corps as “changes in mental functioning or behavior due to the challenges of combat and its aftermath.”² Although these changes may be positive mission-enhancing changes, such as increased confidence or strengthened unit cohesion, the effects of combat stress can also be strong indicators of harmful stress which, if left untended, could lead to a irreversible trauma. Operational stress is defined as “changes in mental functioning or behavior due to the challenges of military operations other than combat.”³ It is critical for Marine officers to realize that direct combat is not required for the devastating effects of stress to cultivate. Collectively, combat and operational stress injuries (COSI) are defined as “potentially irreversible changes in the brain and mind due to combat or operational stress that exceed in intensity or duration the ability of the individual to adapt.”⁴ Stress may be a very healthy asset in a combat environment; however, officers need to be extensively trained on how to cultivate a healthy command environment that serves to mitigate the intensity of harmful stressors, as well as recognize and curtail their duration.

Every Marine, no matter how seasoned or conditioned they are, has a variable breaking point. Leaders must inherently understand this vulnerability and strive to enhance the unit’s resiliency factors to COS while concomitantly mitigating the risk factors. Many of the risk factors that contribute to COS are arguably unavoidable. The duration or frequency of deployments, home front stressors, and previous mental health problems can oftentimes render enormous stress that leaders are unable to curtail. There

are many COS sources that leaders have the responsibility and ability to effect and prepare for in advance of any deployment. Risk factors such as witnessing death up close, losing a fellow Marine in combat or other operation, becoming physically injured or having a close brush with death, handling the remains of fellow Marines, becoming newly integrated into a unit, or witnessing or participating in violations of the Law of War⁵ can all be mitigated through an aggressive and competent command environment.⁶

Combating COS must not occur exclusively on deployment. It is critical for predeployment training and education on COS to be a robust, realistic and personal portion of the deployment preparation process. Officers must realize that their actions prior to deployment will significantly set the tone for the command environment and will directly enhance or diminish the effects of COS on their Marines.

Unit readiness is the cornerstone of every successful command; consequently, possessing the tools necessary to enhance resiliency factors toward COS as well as possessing the ability to distinguish between healthy and constructive stress and destructive and malign stress is essential to maximizing the mental readiness of each Marine and bolstering unit readiness. Every Marine possesses a certain level of coping mechanisms, fortified through rigorous high stress training and a sound military support system, that will allow them to manage successfully the detrimental effects of COS.

Whether these are innate traits or cultivated ones, every Marine Officer is charged with promoting resiliency in their Marines through training and education. The Marine Corps outlines some of its resiliency factors as tough and realistic training, consistent communication from the leadership, having faith in a higher power, the Marine Corps and the command, having a stable and supportive home life, being physically prepared

for combat, being proactive, and having an optimistic attitude.⁷ There is a direct correlation between the mental health of a unit and its inherent readiness and competency. Understanding this relationship, at all levels of leadership, is essential to enhancing unit readiness and resisting the tendency to be reactive rather than proactive when it comes to dealing with COS.

There are significant leadership challenges that exist in fighting the stigma surrounding the treatment for COS. Marines are inherently resilient and pride themselves on their ability to cope under extreme stress. History, however, has shown that this pride and dedication has unwittingly led to long term and, oftentimes, preventable psychological damage in some Marines. Marine officers are charged with fostering a command environment, which fights this stigma and actively removes the barriers that hinder care.⁸ At the basic level there are a number of causes for this stigma that each officer should be fully educated on and use to foster a supportive command climate that promotes and encourages Marines to seek treatment. The Marine Corps' Leaders Guide for Managing Marines in Distress outlines the following misconceptions that attribute the stigma surrounding the treatment of stress related injuries:

Not understanding that stress injuries are like other physical injuries – treatable and not the individual's fault; believing that adverse reactions to stress are a sign of weakness or personal failure; not knowing that even the strongest Marine can suffer a stress injury; fearing that having an emotional problem or getting help for it will negatively impact their careers; fearing that other Marines will think less of them because they got help for a stress injury; fearing their peers or leaders won't trust them as much in future tough situations if they admit to having suffered a stress injury; not understanding that the longer they wait to get help for stress injuries that don't heal quickly on their own, the less likely they are to heal fully; not realizing that avoiding getting help may place their unit members at risk because of decreased readiness and performance caused by untreated stress injury symptoms; not realizing that avoiding getting help for persistent stress injuries can hurt their careers, relationships, future health more than accepting help will; [and,

arguably the most damaging] a command climate that discourages getting help or tells Marines to just “suck it up” or “get over it.”⁹

Training, education and a strong, supportive command environment, which mitigates risk factors, promotes resiliency factors, and fights the stigma surrounding COS is the key to bolstering unit readiness, reducing the effects of COS, and enhancing the mental stability of each Marine. Military “[l]eaders should get on board and support their respective Service programs to aggressively eliminate stigma and also develop an atmosphere of trust... Calling in “supporting fires” is an admirable and responsible way to take charge of overall fitness.”¹⁰

Historical Lessons From Past Wars

In modern war... you will die like a dog for no good reason.

- Ernest Hemingway

The Vietnam War serves as a clear example of the devastating generational impact of war. Over 58,000 Americans died in Vietnam, 300,000 were physically wounded, and some 2,400 Americans were labeled missing in action.¹¹ More disturbing, however, are the statistics that show that “[m]ore Vietnam veterans committed suicide after the war than had died in it. Even more--perhaps three-quarters of a million--became part of the lost army of the homeless.”¹² Many health care providers either ignored or harbored prejudice about the experiences of Vietnam veterans after the war. The lack of assistance produced a devastating disconnect between veterans and those charged with their care; this aversion to care was further exacerbated by a very influential dynamic among the veterans themselves who desperately longed to put the war behind them.¹³

[Veterans] would do everything they could to avoid or deny the lingering after-effects of war on their lives. It seemed as if everyone, to include mental health providers, the military, politicians, the neighbors and communities of veterans,

and both veterans and their families, all were anxious to believe that the war had no appreciable longer-term impact on veterans.¹⁴

Although there are clear differences between Vietnam and the present conflicts, the empirical data drawn from the roughly 3.14 million Americans who served in Vietnam proves indisputable.¹⁵

It was not until 1980 that the American Psychiatric Association (APA) designated Post Traumatic Stress Disorder (PTSD) as a psychiatric diagnosis.¹⁶ The validation of PTSD was a far-over due and historic acknowledgement, which seemed to offer a reputable and official explanation for psychiatric disorders perpetuated by the horrors of war. Between 1986 and 1988, the National Vietnam Veterans Readjustment Study found that 15.2 percent of all Vietnam Veterans had full-blown PTSD and another 11 percent had “partial” PTSD related to the war. Translated into real numbers, that statistic means that over 700,000 veterans were negatively affected by the war in Vietnam.¹⁷

The main contrast between Vietnam and Operations ENDURING FREEDOM (OEF) and IRAQI FREEDOM (OIF) lies with the public treatment of returning veterans; however, the psychological damage war inflicts and the consequences of inaction remain the same. The lack of statistical data collected immediately after the Vietnam War serves to highlight the negative stigma placed on mental health counseling. In effect, “[t]he war experience... was excluded or dismissed as inconsequential – by national policy of the health care system that existed specifically to serve military veterans.”¹⁸ Most Vietnam Veterans “do not talk much, if at all, about traumatic or troubling aspects of their war experiences that remain painful or unresolved.”¹⁹ Consequently, many combat veterans value and are comfortable with their trend toward detachment and isolationism. The feelings they experience in war, which are foreign to those at home,

become a lifelong companion to many veterans and a coping mechanism in the absence of cognitive behavioral therapy.²⁰

The Persian Gulf War had a profound, and often times raw, impact on many seemingly well-assimilated veterans. Combat veterans who had successfully concealed their trauma were abruptly shaken by new images of combat and “[t]here was the discovery that the powerful collusion and sanitization about the true and full impact of war was resurrected.”²¹ For many Vietnam Veterans, images of the Persian Gulf War intensified their flashbacks to horrific incidents in Vietnam and long-repressed feelings of frustration, depression and anger began to resurface.²² The psychologically disturbing effects of subsequent wars has not been extensively examined by the APA; however, the reawakening of the war experience in an age of emerging acceptance can prove productive and serve to “help veteran clients to examine, gain insight, and make peace with their wartime experiences.”²³

Post Traumatic Stress Disorder is an extremely persistent, life-long condition oftentimes becoming much worse with age. The longest recorded duration of PTSD stemmed from a World War I Veteran who led a seemingly functional life with no history of psychiatric treatment. For seventy-five years, this veteran dealt with a recurring nightmare in which “the war wasn’t over, and the German soldiers were marching up the hill to his father’s farmhouse.”²⁴ Research has shown that long-term PTSD becomes somewhat of a companion to veterans, providing familiarity and oftentimes simulating the hyper-arousal and hyper-vigilant modes of survival experienced in combat. If PTSD is not treated it can become “imprinted in the veterans’ mind and body” and serves as a weighty contributor to therapeutic resistance and recovery.²⁵

The pathological label, PTSD, applied to those suffering from the after effects of war continues to serve as a roadblock to veterans in desperate need of support. The APA had, in fact, given significant credibility to veterans experiencing psychological problems attributed to horrors of war; notwithstanding, the diagnosis of PTSD has proven to re-stigmatize veterans by identifying them as psychiatrically disordered.²⁶ As a result, combat veterans are deterred from seeking help for fear of losing their job, appearing weak or becoming branded as pathologically unstable. Leaders need to understand that “combat veterans may play down or embellish their “war stories,” but initially their reports should be taken at face value. The only report that should not be accepted at face value, although one may choose not to challenge it initially, is the patient’s report that combat... had no effect on him.”²⁷

War will leave an indelible imprint on veterans; they will experience long-standing memories of their experiences in war; they will vividly recall the trauma and horrors associated with war; they will forge unbreakable bonds through the painful legacy of combat; and they will forever be changed by the experience. What needs to be universally understood is that this is “a natural and expectable outcome. And that is the tragedy of the establishment of the diagnosis of PTSD.”²⁸ The psychological effects of war should not be termed a disorder and are nothing to be ashamed of. Post Traumatic Stress (PTS) and COS are symptomatically representative of the horrific nature of war and are foreseeable, treatable, and intrinsic consequences of combat.

PREPARING FOR THE REALITIES OF COMBAT

Be an example to your men, in your duty and in private life. Never spare yourself and let the troops see that you don't in your endurance of fatigue and privation. Always be tactful and well-mannered and teach your subordinates to do the same. Avoid excessive sharpness or harshness of voice, which

usually indicates the man who has shortcomings of his own to hide.

- Field Marshall Erwin Rommel

Armed with the lessons of history, the U.S. Marine Corps has invested tremendous resources in the development of programs designed to curtail suicides related to combat stress and reduce the long-term effects of COS on its Marines. Although these programs are very well organized and readily accessible, they fail to prepare properly Marines for the realities of the combat environment. In order to gain ground and more responsibly protect a generation from the devastating effects of war, the practice of mass power point presentation and impersonal computer-based assistance must only serve to augment in-depth and personal mentor-based training at all levels of officer development and PME. Marine Corps leaders must be equipped with the tools to handle proactively and responsibly their own personal COS; then from a place of knowledge and conviction, aggressively identify and counter COS in their Marines. Combat stress responses manifest in thousands of war veterans; it is essential for leaders to recognize that these responses require "identification and treatment as early as possible to reduce more serious and long-lasting effects of combat deployments."²⁹

Far too often, Marine Corps leaders are deployed to combat environments without adequate knowledge of the intense challenges they will face. Prior to deployment, every officer should be educated on the enormous psychological burdens associated with command. Training leaders to absorb enormous amounts of stress is a common practice at military schools. The failure lies, however, in the lack of preemptive exposure to the unexpected leadership responsibilities associated with combat. Preparing for responsibilities such as designating young Marines to process and handle the, oftentimes, brutalized remains of their comrades; being equipped to educate Marines on how to

handle the roller coaster of emotions associated with killing another human being; and possessing the clarity to reinforce chronically the mandate to observe the Law of War regardless of personal loss or acts of atrocities against friendly forces are commonly handled reactively and not adequately explored in training environments. Leadership tools such as these could potentially serve to divert the advancement of COS and lessen the damage prolonged COS can cause if it is allowed to progress on its intended course unhindered. Marine Colonel Drew Doolin, combat commander in Iraq in 2004 and 2006, openly and bravely discusses his personal experiences with COS following his first deployment to Iraq. He acknowledged, “how much my battalion would have benefited from a formal combat operational stress control (COSC) program... [it] would have given me some tools as a commander to assist my personnel through the transition.”³⁰

There is a greater probability of a Marine becoming a psychiatric casualty than there is of him or her being killed by enemy fire. The cost of war, however, is rarely measured in terms of individual suffering; it has been historically measured in terms of financial cost or number of Americans killed or physically wounded.³¹ Society, in many ways, simply deems it too painful “to address what it does when it sends its young men off to kill other young men in distant lands. And what is too painful to remember, we simply choose to forget.”³² Teaching Marines to handle the intense emotions associated with death is one of the most challenging leadership responsibilities associated with combat. Leadership manuals “teach that an officer can expect to lose a certain percentage of men on any particular action... To the small unit commander, however, those will not be percentages but faces and names of men who cannot be forgotten in a lifetime.”³³ The psychological demands of dealing with such a loss can easily consume

those who, oftentimes, feel responsible for the outcome. A formidable set of coping mechanisms must be ingrained in each officer at The Basic School and reinforced at every level of leadership training. Officers must not only be prepared for the inevitable losses they will experience in combat, whether through enemy fire or suicide, but also equipped with the tools to safeguard the mental well being of those who live through the experience. The mental stability of each Marine is far too fragile and significant to be subjected to well-intentioned yet ill-equipped Marine Officers.

Although PTSD has received the greatest amount of media attention, there are a multitude of other serious conditions such as uncontrollable anxiety, deep depression, alcohol abuse, and the inability to reintegrate back into society that can be equally debilitating in their own right. Post deployment studies show that commanders find it “far more common [for] veterans [to] experience stress responses, such as feelings of guilt, anger, decreased energy, social isolation, and the need to replicate the “rush” of combat”³⁴ as opposed to clinical disorders. Marines will experience this range of emotions and do their best to rationalize and accept the human consequences of combat. Left untended something as simple as moderate anxiety can easily mature into complete hysteria.³⁵ Complicating the matter is the complete betrayal of one’s moral fabric as Marines cope with the guilt and horror of physically killing another human being. Officers must have the tools to foresee and counsel Marines who transition from the belief that taking a life is sinful over to an outlook where killing is a skillful and necessary aspect of combat. Once a Marine accepts that combat killing is an admirable and morally acceptable behavior their psychological stability is in jeopardy.³⁶ “I turned over and I saw the baby’s face with the half gone, you know... the programming, the

training kicked in and I just start killing. After that it wasn't hard to kill, it wasn't hard to find anyone to kill."³⁷ The nineteen-year-old soldier responsible for this quote participated in the My Lai Massacre in 1968. Almost thirty years later, he committed suicide after several failed attempts.³⁸ The Marine Corps, similarly, is successful at conditioning its Marines for combat; however, there is "little or no effort to recondition those who were taught to act on impulse rather than reason."³⁹

Fear of Combat

The majority of people are timid by nature, and that is why they constantly exaggerate danger. All influences on the military leader, therefore, combine to give him a false impression of his opponent's strength, and from this arises a new source of indecision.

- Karl von Clausewitz

It is important to understand that fear of death and injury is not the principle cause of psychiatric instability in combat. Surprisingly, it is the fear of disappointing others that dominates the stressors of war.⁴⁰ Targeting this overwhelming fear of not living up to the expectations of your family, your peers and, most importantly, your Marines is a vital component for combating COS and one that is often left unattended. Fear in combat is generally accepted; in fact, during World War II, the U.S. Army distributed pamphlets telling soldiers "YOU'LL BE SCARED."⁴¹ Reinforcing this affirmation is the societal belief that fear is accepted. The media and entertainment industry frequently help bolster this societal belief by repeating the mantra "that only fools are not afraid,"⁴² whereby making fear acceptable and a part of modern culture. Most Marines, consequently, are conditioned or biased to expect some level of fear associated with death and combat. The distinction lies in understanding what emotions are easily processed and what emotions can be debilitating; "[f]ear is a specific yet brief and fleeting emotion that lies within the

individual, but guilt is often long term...”⁴³ The suggestion that fear has no place in the psychiatric effects of war is futile. Accordingly, fear serves as a significant factor in the debilitating nature of war. Fear alone, however, may be manageable, but merged with hate, exhaustion, horror, and the conflicting task of balancing these emotions with the expectation to kill another human being, has the potential to manifest into a quandary of guilt and instability.⁴⁴ The understanding that “[w]ar is an environment that will psychologically debilitate 98 percent of all who participate in it for any length of time. And [that] the 2 percent who are not driven insane by war appear to have already been insane”⁴⁵ is crucial. Should leaders fail to guide Marines through this process, they may struggle to rationalize or accept the experience and the likelihood of PTS is significantly increased.

The Psychological Effects of Killing

I am sick and tired of war. Its glory is all moonshine. It is only those who have neither fired a shot nor heard the shrieks and groans of the wounded who cry aloud for blood, for vengeance, for desolation. War is hell.

- William Tecumseh Sherman

Marines are trained to think the unthinkable; they are desensitized, conditioned and equipped with denial mechanisms, which make the killing of another human being not only possible but also more acceptable.⁴⁶ Further compounding the issue is the fact that a veteran does not necessarily have to kill in combat to share the guilt of killing or the psychological damages caused by the dehumanization of war. From childhood most Americans are taught that killing is wrong; however, over the last several decades the media’s portrayal of violence has done much to promote the myth that killing is easy and gratuitously glorified killing and war.⁴⁷ The devastating reality that war and killing are neither glorifying nor morally conducive to reason serves as a rude awakening to those

who are unprepared for its harsh consequences. Marines will spend the rest of their lives dealing with the consequences of war and the higher their resistance to killing or death becomes the higher the trauma inflicted will be.⁴⁸

It is essential for leaders to conduct properly and efficiently standardized mentorship training that covers both the physical killing of the enemy in combat as well as the devastating consequences which emanate from the death of a fellow Marine. The former can be particularly challenging for a Marine Officer considering leaders are typically buffered from the guilt of killing in combat; they order it and it is their Marines who actually carry it out.⁴⁹ Marines are desperately looking for a leader who vividly understands their plight; consequently, credibility challenges can clearly emerge from such as scenario. Studies have demonstrated, however, that officers have a lower incidence of psychiatric breakdowns due to increased recognition and institutional support; the social stigma associated with a leader displaying weakness; or the greater sense of responsibility officers feel during combat. Officers assume leadership roles analogous to that of a medic where they occupy “psychologically protected position[s].”⁵⁰ It is generally accepted that if a Marine Officer is required to discharge his or her weapon they are not doing their job correctly.⁵¹ It is plausible, therefore, for an officer to employ successfully a psychologically tested, mentor based program, founded on the fundamental ethos of the Marine Corps, and employed in a standardized manner at the small unit level with credibility and conviction.

Outside of the Infantry Officers Course where young officers are schooled in a course called “killology” there is virtually no formal training established to educate Marines on how to deal with the wave of emotions associated with death in combat.⁵²

Most Marines will not observe a violent death until they are deployed to a combat zone.

It is imperative that all Marine Officers understand that killing comes with a price and the imperativeness of mentorship before and after the act.⁵³

One obvious and tragic price of war is the toll of death and destruction. But there is an additional effect, a psychological cost borne by the survivors of combat, and a full understanding of this cost has been too long repressed by a legacy of self-deception and intentional misrepresentation. After peeling away this 'legacy of lies' which has perpetuated and glorified warfare there is no escaping the conclusion that combat, and the killing that lies at the heart of combat, is an extraordinarily traumatic and psychologically costly endeavour which profoundly affects all that participate in it.⁵⁴

The mentorship provided to young, impressionable Marines must be standardized and grounded in both the ethos of the Marine Corps as well as sanctioned by the medical community. Most Marines need to know that what they are doing is right, and why it is necessary; "[t]he hardest thing to live with is knowing that you took another human life, for no other reason than your government told you to."⁵⁵ It is imperative for officers and chaplains to be educated and understand the need to constantly justify killing in order to absolve those who are required to do so. The taking of another human life has serious psychological consequences for all involved. Mitigating the consequences of killing should always be dealt with forthrightly, morally, and intellectually. In April of 2003, the Wall Street Journal quoted a Marine lieutenant marginalizing the enemy and dismissing the potential emotional consequences of killing by assuring his Marines that, "this is not somebody you need to worry about killing. When you stand outside the Pearly Gates or whatever you believe in, you're not going to be looked at any differently for what you did here".⁵⁶ The consequences of killing should never be dismissed as trite and it is imperative for leaders to understand the psychological devastation such actions can cause.

Every officer needs to understand the magnitude of trauma associated with killing another human being. Marines will leave combat knowing “that the dead remain dead, the maimed are forever maimed, and there is no way to deny one’s responsibility or culpability, for those mistakes are written, forever and as if in fire, in others’ flesh.”⁵⁷ How a Marine will deal with the emotional burden of killing stems from the way they were raised, their life experiences, to include military training, and any genetic predisposition prior to going into combat.⁵⁸ By understanding the Killing Response Stages⁵⁹ (See chart in Appendix A) officers can better prepare their Marines to deal with the complex range of emotions associated with killing, regardless of their past experiences.

The Killing Response Stages

The man who can't make a mistake can't make anything.

- Abraham Lincoln

Prior to combat Marines will experience what is known as the Concern Stage; they will deeply worry about how they will perform in combat. Marine Sergeant William Rogel concisely expressed his pre-combat anxiety as “how am I going to do? – am I going to show the white feather? Am I going to be a coward, or am I going to be able to do my job? And of course the other is the common fear, am I going to survive or get killed or wounded?”⁶⁰ Military historian Richard Holmes conducted extensive research that concluded that intense emotional anxiety existed surrounding the prospect of killing another human being. His studies “indicated that one of the soldier’s first emotional responses to killing is a concern as to whether, at the moment of truth, he will be able to kill the enemy or will [he] “freeze up” and “let his buddies down”.”⁶¹ This fear of potential failure, “at the moment of truth”, must be a part of any pre-deployment training

program prior to combat. An ability to process and understand the concern stage is imperative in order to avoid the harmful consequences of fixating on this fear, which can create an obsession with killing especially if killing circumstance fails to transpire.⁶²

The Killing Stage is the second of the Killing Response Stages. Marines must understand that history has shown that the inability to kill is a very common experience. During World War II, “only 15-20 percent of riflemen went beyond [the] first stage.”⁶³ Marines will deal with their inability to kill in one of two ways, they will immediately begin to rationalize and accept what has occurred or they will become fixated and traumatically affected by their perceived failure.⁶⁴ As with all of the killing stages, the object of an officer is to instill the coping mechanisms necessary for all Marines to avoid fixating on any particular stage causing its psychological consequences to fester and potentially become long-term issues. Through education and mentorship, Marines can become aware of the killing circumstance and historical realities of combat. Successful rationalization and acceptance is the ultimate objective in order to help ensure mental stability.

Arguably, the most dangerous Killing Response Stage is the Exhilaration Stage.

Combat Addiction...is caused when, during a firefight, the body releases a large amount of adrenaline into your system and you get what is referred to as a “combat high.” This combat high is like getting an injection of morphine – you float around, laughing, joking, having a great time, totally oblivious to the dangers around you... As with heroin or cocaine addition, combat addiction will surely get you killed. And like any addict, you get desperate and will do anything to get your fix.⁶⁵

After years of training and simulated killings, Marines can become overwhelmed with the intense surge of emotions, which result from killing another human being. The essential leadership task here is to ensure that Marines understand what they can expect to go

through and ultimately diminish the probability of their experience being more than just a passing emotional release. Should Marines become fixated on this stage, their ability to feel remorse diminishes and the probability of a successful transition through the rationalization and acceptance stage degrades significantly.

The Remorse Stage has been described as “A Collage of Pain and Horror.”⁶⁶ This stage is especially intense for young Marines who have not properly prepared both mentally and emotionally for the concept of killing. The exact extent of remorse an individual Marine will feel oftentimes depends on his or her upbringing. Some Marines will be psychologically overwhelmed by the pain and horror that results from killing another human being causing them to become determined to never kill again; conversely, some Marines will tend to bury or deny these emotions making it easier for them to continue to kill in combat.⁶⁷ It is important for leaders to understand that whether a Marine accepts, denies, or resolves his or her remorse it will always exist. It is an officer’s professional responsibility to educate proactively his or her Marines on the psychological consequences of fixating on remorse and guilt and to recognize that “[t]he killer’s remorse is real, it is common...it is intense, and it is something that he must deal with for the rest of his life.”⁶⁸

The final stage is the Rationalization and Acceptance Stage. Successful transition through this stage is, arguably, the difference between mental stability and symptoms associated with PTSD. Studies show that after killing, a Marine may never truly leave remorse and guilt behind entirely; however, if he or she comes to accept and rationalize that what occurred was done as a necessary and a just act of war, the road to a healthy recovery is significantly strengthened.⁶⁹ Young Marines will not understand the

psychological process of killing unless they are thoroughly educated prior to deployment. Throughout a deployment, a strong command environment founded on transparency and education as well as a firm policy that consistently reinforces just killings and encourages communication and counseling will make significant strides in combating the COS induced from killing in combat. Ultimately, the goal is to foster a command environment that honors the Law of War, the Code of Conduct and encourages Marines to think of the consequences of their actions well prior to intense combat.

COMMAND ENVIRONMENT

Look, we did our job and we did it well, and it needed doing even though we didn't like it; but sometimes we just had to go above and beyond what was expected of us to avoid the killing...this time, the time when I didn't have to kill anybody, this is the time that I want to tell you about. This is the time that I want to be remembered for.

- Vietnam Scout Helicopter Pilot D. Bray

History, sadly, provides commanders with a multitude of case studies on the atrocities of war as well as extensive evidence of the, oftentimes unrecoverable, psychological damage such morally corrupt conduct can induce. The shaping of a consistently disciplined and morally sound command environment, which stringently advocates education, cohesion, and transparency, is only the starting point in curtailing infectious behavior. It is insufficient to publish rules and guidelines only, “[y]ou have to have the leadership to back them up...”⁷⁰ It is impossible for leaders to erase completely the fear and frustration induced by combat; yet the negative psychological influence and potentially disastrous behavior caused by these stressors can be diminished if commanders understand their genesis and proactively act to limit their deleterious effects. Even the strongest and most competent Marine is vulnerable to situational forces that can lead to atrocities or criminal acts; consequently, universal training and education prior to

combat is imperative. Commanders must understand the importance of fostering clear and reasonable guidelines, reinforced through proactive leadership, when it comes to the environment Marines will face. The blurring of the lines between combatant and non-combatant, especially when an opponent does not fight by conventional methods, has led to considerable frustration and confusion in the minds of Marines who are desperately attempting to reconcile the threat.⁷¹ The 1940 *Small Wars Manual* displays significant foresight when it suggests that “[i]n major warfare, hatred of the enemy is developed among troops to arouse courage. In small wars, tolerance, sympathy, and kindness should be the keynote of our relationship with the mass of the people.”⁷²

Atrocities and Criminal Acts

The application of honor, courage, and commitment in the conduct of military operations means: the honor to comply with the Laws of War, the courage to report all violations, and the commitment to discipline the violators.

- General James N. Mattis

Studies show that “atrocities and criminal acts are one of the surest paths to PTSD.”⁷³ A unit will typically take on the personality of its commander; their words, actions, and, more importantly, inactions will determine the probability of atrocities and war crimes. Historical evidence has found there to be a number of factors that increase the likelihood of the commission of war crimes. “High friendly losses; high turnover rate in the chain of command; dehumanization of the enemy or use of derogatory names or epithets; poorly trained or inexperienced troops; poor small unit discipline standards; the lack of a clearly defined enemy; unclear orders; [and] high frustration level among the troops”⁷⁴ serve as the common impetus for the commission of war crimes. Marine Officers must be thoroughly trained on the definitions, causes, and severe consequences of war crimes. Having the rules in place and understood, however, will not guarantee

success. Leaders must, with firm aggression, enforce the Laws of War and consistently set the standard for good order and discipline without exception or bias.⁷⁵ The rules of warfare must be inherent in the warrior ethos.

Historical atrocities such as the My Lai Massacre of 1968; the Massacre at Biscari of 1943, the Abu Ghraib prisoner abuse scandal in 2004, and the alleged murder of 24 Iraqi civilians by U.S. Marines in Haditha in 2006, all serve to undermine the lives and mission of Americans in combat. Irrespective of the circumstances, “[a]trocities, the intentional killing of civilians and prisoners, must be systematically rooted out from our way of war, for the price of these acts is far, far too high to let them be tolerated even to the slightest, smallest degree.”⁷⁶ It is not enough to teach the principles of the Law of War in basic training only; like physical fitness, ethical fitness must be routinely instilled in each Marine. Successful ethical fitness ensures an inner impulse and duty to act that is grounded in moral strength, courage and the rule of law regardless of the traumatic instance.⁷⁷ It is imperative that a command environment based on transparency, accountability and sound moral ethics be consistently employed, especially under times of trial and loss.⁷⁸ Marines are required to participate in a psychologically toxic environment; as officers it is our moral obligation to mitigate the effects of this environment and be prepared to enhance the mental well-being of every Marine. Evidence shows that the preponderance of atrocities and criminal acts occur under commands where the military leadership is unable or unwilling to foster an environment of good order and discipline and a level of morality is absent within the unit.⁷⁹ Understanding and employing the Law of War, fostering a command environment based on transparency and accountability, and setting the example at all levels of command

leadership, serve to mitigate the instances of war crimes and atrocities and helps preserve the long-term psychiatric stability of Marines.

BARRIERS TO THE TREATMENT OF COMBAT AND OPERATIONAL STRESS

To lead uninstructed people to war is to throw them away.

- Confucious

Within a few months of sustained combat exposure some debilitating symptoms of combat and operational stress can develop (See graph in Appendix B). The judicious treatment for such manifestations is the immediate removal from the combat environment and reintegration into normal life. The Marine Corps, however, does not simply have the luxury of returning its Marines to normal life; they are required to return them to combat.⁸⁰ Complicating the issue is the fact that severely stressed Marines are counterproductive to both the morale of the overall unit as well as the unit's ability to maintain its combat strength and security. The primary objective of any leader is to neither set a precedence that overwhelming stress equates to a free ticket home nor to give the impression that each Marine is left to his or her own devices to deal with the psychological consequences of war. The stance that "[a] nation must care for its psychiatric casualties, since they are no value on the battlefield"⁸¹ must be advocated and enforced. The true objective is to find a healthy balance between mission success and humanity. A balance grounded in unit cohesion, mission accomplishment and the long-term mental stability of each Marine. An obvious step in achieving this balance is to ensure each Marine Officer is trained to notice the early indications of COS and capable of acting prudently in order to safeguard the further denigration of the Marines under their command. The ability to foresee, treat and reintegrate adequately Marines suffering from COS is imperative and can be effectively fostered through standardized, proactive and ethical PME.

Mission Success Versus Psychiatric Casualties

When the average Marine knows as much about the USMC COSC program as he does the new combat fitness test and body fat standards, then you'll have something.

- Anonymous Congressional Staffer

The Chairman of the Joint Chiefs of Staff, Admiral Michael Mullen, said in May 2008, “[i]t’s time we made everyone in uniform aware that the act of reaching out for help is, in fact, one of the most courageous acts and one of the first big steps to reclaiming your career, your life, and your future.”⁸² Any morally bound leader should find this statement a refreshing anchor on which to justify openness and promote a command environment based on trust and support. The treatment of PTSD, however, is far from simple and can lie in direct contradiction to mission readiness. A significant percentage of those returning from combat are not yet veterans; consequently, they are likely to return to one of our theaters of operation within a year. When Marines are expected to redeploy home and immediately begin preparations for subsequent deployments, any drain on manpower caused by psychiatric treatment or recommendations for discharge due to PTSD, can leave the overall unit ineffective.⁸³ Compounding the issue is the fact that “[a] commander cannot serve in earnest both the mission and the psychologically wounded. When the two come in conflict, as they routinely do as a result of repeated deployments, the commander will feel an internal and institutional pressure to maintain the integrity of his unit.”⁸⁴ A 2008 RAND Corporation study estimated that one in five service members returning from combat will contend with symptoms of PTSD. The Marine Corps is acutely aware of the fact that it can not afford to lose 20 percent of its forces due to psychiatric traumas.⁸⁵ Further complicating the issue is the suspicion or even contempt that can vigorously infest and debilitate a unit

whose Marines are seeking medical treatment while the remainder of the unit is left to carry the full load.

The balance that exists between ensuring the mental stability of Marines and posturing for mission success is a delicate one that can only be achieved by the implementation of a system that steers away from the belief that weakness is intolerable and fosters an environment of mental wellness before, during and after the deployment. Far too often leaders are ill equipped to deal with psychological traumas prior to combat, causing a hardened and inept command posture of intolerance and mutual sacrifice. Marines “should understand that stress injuries can happen to even the strongest, best trained, and most prepared warrior.”⁸⁶ Leaders must employ leader-driven and command endorsed wellness programs that are available to every Marine; they must be held accountable for standardized and frequently administered programs at the small unit and personal level; and they should employ peer-to-peer counseling seminars, led by Marines who have suffered from COS and experienced the therapeutic nature of counseling. To help foster success at the small unit level, the Marine Corps needs to continue to institutionalize relevant COSC programs so that they emerge as a universally accepted aspect of its culture; they need to standardized all training and education and begin instilling these principles as early as possible in the leadership development process; and they need to increase significantly the number of mental health care professionals making them widely accessible down to the battalion level.⁸⁷

CONCLUSION

With malice toward none, with charity for all, with firmness in the right, as God gives us to see the right, let us strive on to finish the world we are in, to bind up the nation's wounds.

- Abraham Lincoln

Company grade officers serve as the first line of defense when it comes to preparing and mentoring Marines for the traumatic and morally demanding trials of combat. In addition to the Marine Corps' extensive computer based initiatives, such as the COSC program instituted on August 12, 2008, an aggressively personal COSC program which focuses on prevention and continued education needs to be fortified at The Basic School and reinforced at all levels of officer and enlisted development.

Although reactionary measures such as the Wounded Warrior Regiment and the National Center for PTSD are valuable and essential resources to further recovery, more needs to be done to combat COS before it metastasizes into a debilitating illness that negatively impacts readiness.

The Marine Corps is responsible for developing and facilitating a comprehensive program, which targets those areas that are most detrimental to its personnel. Reports of heightened levels of COS and PTS, as well as the alarming annual suicide rates are all indications that the current methods are not effectively targeting the source of the problem. As a Marine officer, the most obvious and effective line of defense remains education and training. A team of seasoned experts must be employed to develop a comprehensive and seminar based COSC program. First, medical experts with extensive knowledge and experience with COS, PTSD and suicide prevention should serve as key contributors to the program's conception. Second, officers, like Colonel Doolin, with the wisdom and courage to place long-term health over short-term peer acceptance must be used to lend perspective, guidance, and military experience. Adding the final level of perspective are the enlisted Marines. Serving as the voice for the backbone of the Marine Corps, the NCO ranks, they will lend crucial insight as well as provide a first-hand

account of the negative effects of a poor command environment and the realities of combat that are oftentimes not experienced or obvious to those in command.

At its core, this program must include the far-reaching consequences of a poor command climate, with specific emphasis on removing the stigma surrounding treatment as well as the importance for consistency, transparency, and clear guidance. It is also crucial for Marines to become educated on the realities of combat, to include the range of emotions they will experience by killing another human being, the natural fear of disappointing others, and, most importantly, the need to rationalize and accept these emotions in order to preserve their mental stability. The program should also emphasize, though historical evidence, the horrendous mental and physical repercussions involved in committing atrocities and violations of the Law of War, regardless of circumstance. The final element of the program should be a professional assessment of those combat related jobs which are outside the mental capacity of most young men and women serving in the Military and thus require a mandate for civilian or professional medical outsourcing. Jobs that include managing the combat morgue, teaching initial COSC seminars, and providing professional advice or treatment to damaged Marines in the combat environment must be handled by individuals professionally trained in these specific areas. Forcing young enlisted Marines or junior officers to fill these mentally taxing positions, with no mental safeguards or professional preparations, only increases the potential for inflicting lifelong mental damage on themselves or those they are desperately trying to protect.

Once this program is developed, the arduous process of implementation must begin. Schools, like the Basic School, which touch 100% of the officers in the Marine Corps,

should serve as the foundation for this education and enlightenment. Once this foundation is set, the program should be taught at all levels of officer and enlisted PME by cells of qualified personnel, regionally located, and able to relate to the military community through their personal experiences, medical knowledge, and desire to forge a new path.

The mental well being of every Marine must be placed in the highest of priorities. All officers must possess the tools to form sound command environments that are both accepting of and non-retributational for those Marines who feel overwhelmed. These command environments, in addition, should be based on historical lessons learned, proven psychological patterns, peer-to-peer mentorship, and the devastating consequences of inaction or incompetence so that Marines will no longer be left to their own devices to process and cope with COS. Knowing that Marines typically take on the personality of their commander and that “atrocities and criminal acts are one of the surest paths to PTSD,”⁸⁸ it is inexcusable for officers to treat leadership as anything other than the conduit through which good order and discipline, a certain level of morality, and strong military ethos are cast. Charging officers to educate Marines on the potentially hazardous stressors of combat and providing them with the tools to perform such training efficiently, prior to becoming immersed in this inherently consuming environment, is a crucial step in achieving this goal.

¹ Drew T. Doolin, "Healing Hidden Wounds: The Mental Health Crisis of American's Veterans," Joint Force Quarterly, July 1, 2009, 75.

² Headquarters U.S. Marine Corps, Leaders Guide for Managing Marines in Distress, <http://www.usmc-mccs.org/LeadersGuide/Deployments/CombatOpsStress/generalinfo.cfm>. Cited hereafter as Leaders Guide.

³ Leaders Guide.

⁴ Leaders Guide.

⁵ Law of War: The code that governs or one of the rules that govern the rights and duties of belligerents in international war.

⁶ Leaders Guide.

⁷ Leaders Guide.

⁸ Leaders Guide.

⁹ Leaders Guide.

¹⁰ Doolin, 80.

¹¹ Harvard Sitikoff, "The Postwar Impact of Vietnam," The Oxford Companion to American Military History, ed. John Whiteclay Chambers II (New York: Oxford UP, 1999), www.english.illinois.edu/MAPS/vietnam/postwar.htm (accessed December 20, 2009).

¹² Sitikoff, 1.

¹³ Raymond M. Scurfield, *A Vietnam Trilogy: Veterans and Post Traumatic Stress: 1968, 1989, 2000* (New York: Algora Publishing, 2004), 75.

¹⁴ Scurfield, 75

¹⁵ Scurfield, 202.

¹⁶ Scurfield, 206.

¹⁷ Scurfield, 3.

¹⁸ Scurfield, 201.

¹⁹ Scurfield, 204.

²⁰ Dr. Judith S. Beck, "About Cognitive Therapy: What Research Shows," Beck Institute For Cognitive Therapy and Research, <http://www.beckinstitute.org/Library/InfoManage/Guide.asp?FolderID=312&SessionID=%7B2E4DA720-E618-457B-9CE9-27DE6267B84A%7D&SP=2> (accessed March 31, 2010).

²¹ Scurfield, 201.

²² Felice R. Kobrick, "Reaction of Vietnam Veterans to the Persian Gulf War" Health and Social Work 18, no. 3 (August 3, 1993): 24-26.

²³ Kobrick, 25.

²⁴ Scurfield, 203-204.

²⁵ Scurfield, 205.

²⁶ Scurfield, 206.

²⁷ Scurfield, 75.

²⁸ Scurfield, 206.

²⁹ Doolin, 75.

³⁰ Doolin, 74.

³¹ Roger Spiller and others, *The Human Face of Warfare: Killing, Fear & Chaos in Battle* (St. Leonards, Australia: Allen & Unwin, 2000), 1.

³² Dave Grossman, "Hidden Wounds: On Killing In Combat: Society Has A Moral Obligation To Reassure Those Who Kill In War That What They Did Was Right And Necessary. This Is Especially So In Politically Ambiguous Wars Like Vietnam," VFW Magazine, August, 2003, 25-28. Cited hereafter as Grossman, Hidden Wounds.

³³ Dave Grossman, *On Killing: The Psychological Cost of Learning to Kill in War and Society* (New York: Little, Brown and Company, 1995), 35. Cited hereafter as Grossman, *On Killing*.

³⁴ Doolin, 75.

³⁵ Grossman, *On Killing*, 47.

³⁶ Grossman, *Hidden Wounds*, 26.

³⁷ Judy Woodruff, "Remember My Lai," *Frontline*, May 23, 1989.
<http://www.pbs.org/wgbh/pages/frontline/programs/transcripts/714.html> (accessed January 21, 2010).

³⁸ Woodruff.

³⁹ Edwards, 1.

⁴⁰ Grossman, *On Killing*, 52-53.

⁴¹ Grossman, *On Killing*, 53 (emphasis in original).

⁴² Grossman, *On Killing*, 53.

⁴³ Grossman, *On Killing*, 53.

⁴⁴ Grossman, *On Killing*, 54.

⁴⁵ Grossman, *On Killing*, 50.

⁴⁶ Grossman, *Hidden Wounds*, 27.

⁴⁷ Grossman, *On Killing*, 34.

⁴⁸ Grossman, *Hidden Wounds*, 26.

⁴⁹ Grossman, *Hidden Wounds*, 26.

⁵⁰ Grossman, *On Killing*, 64

⁵¹ Grossman, *On Killing*, 64.

⁵² Grossman, *Hidden Wounds*, 27.

⁵³ Grossman, *Hidden Wounds*, 28.

⁵⁴ Spiller, 5.

⁵⁵ Grossman, *Hidden Wounds*, 27.

⁵⁶ Grossman, *Hidden Wounds*, 28.

⁵⁷ Grossman, *On Killing*, 90-91.

⁵⁸ Grossman, *On Killing*, 233.

⁵⁹ Grossman, *On Killing*, 234.

⁶⁰ Grossman, *On Killing*, 234.

⁶¹ Grossman, *On Killing*, 235.

⁶² Grossman, *On Killing*, 235.

⁶³ Grossman, *On Killing*, 235.

⁶⁴ Grossman, *On Killing*, 235.

⁶⁵ Grossman, *On Killing*, 236.

⁶⁶ Grossman, *On Killing*, 238.

⁶⁷ Grossman, *On Killing*, 239.

⁶⁸ Grossman, *On Killing*, 239.

⁶⁹ Grossman, *On Killing*, 239.

⁷⁰ David L. Anderson, ed., *Facing My Lai: Moving Beyond the Massacre* (Lawrence, KS: University Press of Kansas, 2007), 121-197.

⁷¹ Dr. David Wethham, "Ethics Law and Military Operations." In *Understanding Atrocities: What Commanders Can do to Prevent Them*, by Dr. Paolo Tripodi, 203-247 (New York: Routledge, 2010), 234.

⁷² Headquarters U.S. Marine Corps, *Small Wars Manual* (Washington, DC: United States Government Printing Office, 1940), Chapter 1, Section III, p. 32.

⁷³ Dave Grossman. "The Psychological Consequences of Killing: Perpetration-Induced Traumatic Stress," *Killology Research Group: The Psychological Cost of Learning to Kill*, 9, http://www.killology.com/print/print_onkilling.htm (accessed December 29, 2009). Cited hereafter as Grossman, *The Psychological Consequences*.

⁷⁴ Headquarters U.S. Marine Corps, *War Crimes*, MCRP 4-11.8B (Washington, DC: U.S. Marine Corps, September 6, 2005), 7.

⁷⁵ Anderson, 47.

⁷⁶ Headquarters, 2.

⁷⁷ Rushworth M. Kidder, *How Good People Make Tough Choices: Resolving the Dilemmas of Ethical Living* (New York: HarperCollins, 1995), 63.

⁷⁸ Grossman, *The Psychological Consequences*, 9.

⁷⁹ Wethham, 232.

⁸⁰ Grossman, *On Killing*, 48.

⁸¹ Grossman, *On Killing*, 48.

⁸² Tyler E. Boudreau, "The Military's Post-Traumatic Stress Dilemma," *Boston Globe*, March 9, 2009.

⁸³ Boudreau.

⁸⁴ Boudreau.

⁸⁵ Boudreau.

⁸⁶ Doolin, 80.

⁸⁷ Doolin, 80.

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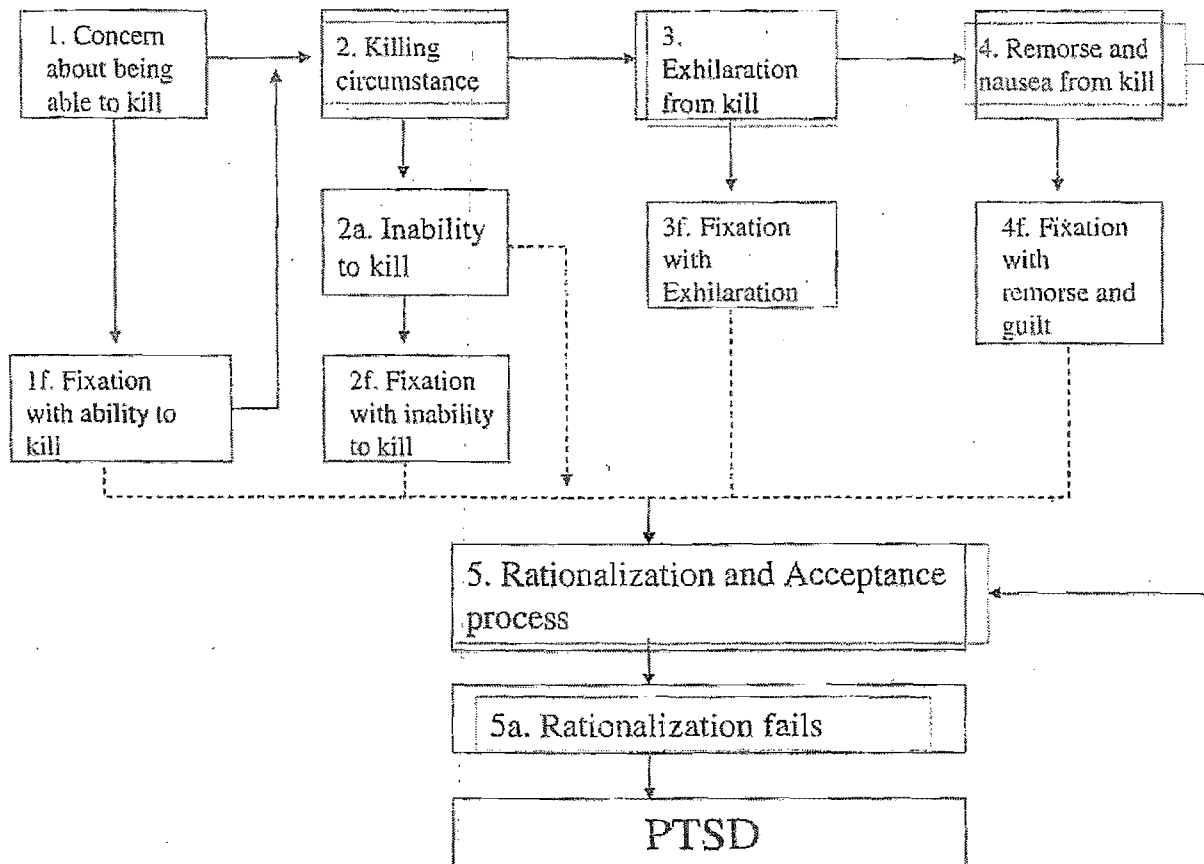
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APPENDIX A

The Killing Response Stages



Dave Grossman, *On Killing: The Psychological Cost of Learning to Kill in War and Society* (New York: Little Brown and Company, 1995), 234.

APPENDIX B

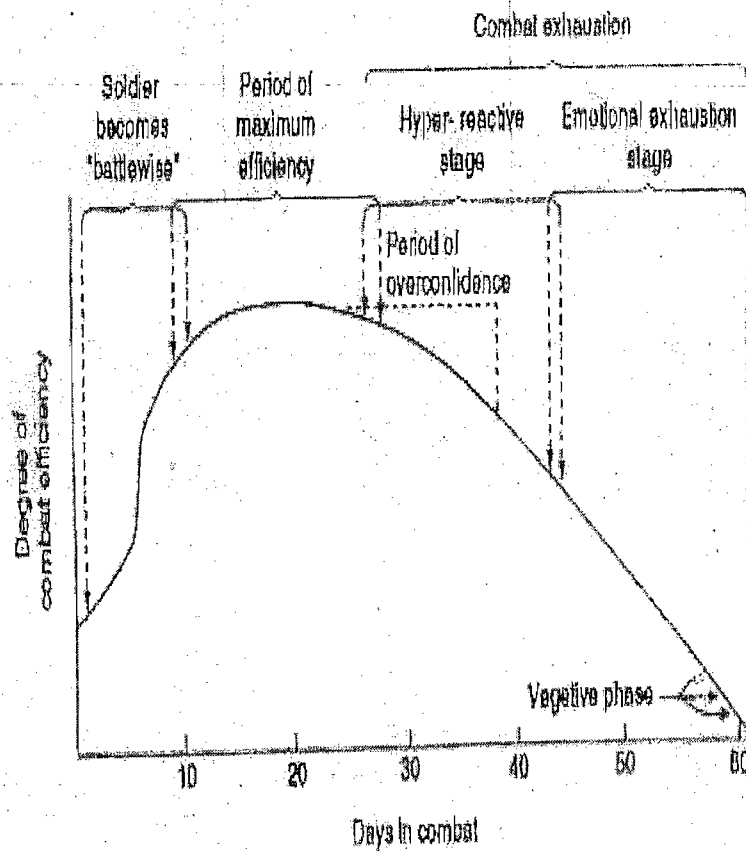


FIGURE 1 Effects of continuous combat.

Dave Grossman, *On Killing: The Psychological Cost of Learning to Kill in War and Society* (New York: Little Brown and Company, 1995), 44.